

1997 AAHE CONFERENCE ON ASSESSMENT & QUALITY

REGISTRATION FORM *June 11-15, 1997 • Miami Beach, FL*

*LAST NAME	*FIRST NAME	*MI
TITLE/POSITION <input type="checkbox"/> FACULTY <input type="checkbox"/> ADMINISTRATOR <input type="checkbox"/> OTHER		RACE/ETHNICITY (FOR CAUCUS RECRUITMENT)
*INSTITUTION		
ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
*CITY	*STATE	ZIP
DAYTIME PHONE	DAYTIME FAX	EMAIL

PLEASE DESCRIBE ANY SPECIAL ACCESS/PARTICIPATION NEEDS

A. REGISTRATION FEE

	Early Bird Rate (until 5/09/97)	Regular Rate (until 5/23/97)	Student Rate (full-time only)
AAHE Member:	\$265	\$295	\$75
Nonmember:	\$320	\$350	\$100
Conference Presenter:	\$215	\$245	Fee waived

Deadline: Registrations and payments that are postmarked/faxed after May 23, 1997, will not be confirmed; they will be processed on site and you will be charged an additional \$30 late fee. Membership: AAHE is an individual membership organization; your organization cannot be a member.

B. TEAM DISCOUNT

Teams (5 or more registrants from the same campus/organization who send their registrations together in the same envelope or fax) may take a team member discount of \$50 per registrant. You must designate a team leader to be responsible for all communication with AAHE.

Deadline: Team registrations must be postmarked/faxed by May 23, 1997.

Note: If you are registering at the Conference Presenter rate, you may NOT also take the team discount.

☐ This is a team registration ☐ I've taken the \$50 team discount in Box H.
My team leader's name is: (required) _____

For AAHE Office Use Only _____

C. WORKSHOPS

See pp. 5-9 for descriptions of workshops. To be enrolled in an alternate if your first choice(s) is full, also indicate second and third choices. Workshops have limited seating, so register early.

Full-Day, June 12 (\$100 each) _____ W-1 _____ W-2 _____ W-3 _____ W-4

☐ I am taking the 25% discount on W-4.
I am the ☐ faculty/ ☐ student affairs professional

Evening, Half-Day, June 11 (\$50 each) _____ W-5 _____ W-6 _____ W-7

Morning, Half-Day, June 12 (\$50 each, except W-15 and W-16, \$60 each) _____ W-8 _____ W-9 _____ W-10 _____ W-11
_____ W-12 _____ W-13 _____ W-14
_____ W-15 (\$60) _____ W-16 (\$60)
_____ W-17 _____ W-18

Afternoon Half-Day, June 12 (\$50 each) _____ W-19 _____ W-20 _____ W-21 _____ W-22
_____ W-23 _____ W-24 _____ W-25 _____ W-26
_____ W-27 _____ W-28

Workshop Subtotal: \$ _____

D. WORKING LUNCHES

Fee: \$20, includes a bag lunch. See p.10 for topics/leaders.

Friday: My first choice is FL-_____. My second choice is FL-_____.
My third choice is FL-_____.

Saturday: My first choice is SL-_____. My second choice is SL-_____.
My third choice is SL-_____.

Working Lunch Subtotal: \$ _____

E. SPECIAL EVENTS/SHUTTLE

T-1 Friday Night Shuttle _____ ticket(s) @ \$6 each
T-2 Saturday Night Shuttle _____ ticket(s) @ \$6 each
T-3 City Tour _____ \$40
T-4 Institutional Tour _____ \$25

Special Events/Shuttle Subtotal: \$ _____

F. EXHIBITS

☐ Yes, I would like to reserve a booth at the 1997 conference. Check one.
() \$300 Corporate
() \$175 Nonprofit
() \$100 Campus Practitioner

Exhibit Subtotal: \$ _____

G. AAHE MEMBERSHIP...Join Now And Save!

Join AAHE or renew your membership on this form and register at the discounted Member rate (see box A). If you have never been an AAHE member and join now, you have the option of a 6-month trial AAHE membership for only \$50.

☐ I am already an AAHE member.
My membership number is: _____
(7-digits off Bulletin/Change mailing label)
☐ I have never been a member and would like to try AAHE for six months for \$50 (offer valid only with conference registration).
☐ I would like to join/renew my AAHE membership:
() 1 year \$95 () 2 years \$185 () 3 years \$275
() student/retired 1 year \$50

Membership Subtotal: \$ _____

H. PAYMENT

\$ _____ Registration (box A)
+ _____ Workshop(s) (box C)
+ _____ Working Lunches (box D)
+ _____ Shuttle/Special Events (box E)
+ _____ Exhibit Fee (box F)
+ _____ AAHE Membership (box G)
- _____ Team Discount (box B) Subtract \$50, void after May 23, 1997. Not available to Presenters.
+ _____ Late Fee. Add \$30 if this form or payment is postmarked/faxed after May 23, 1997.

\$ _____ Total Conference Fees

W

I. PAYMENT METHOD (FID #52-0891675)

Payment must be in U.S. dollars. No "requisitions" or "vouchers" accepted.

Check one box: ☐ Signed purchase order ☐ Check (payable to AAHE Assessment Forum)
☐ VISA ☐ MasterCard (AAHE accepts only VISA and MasterCard)

CREDIT CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

CARDHOLDERS SIGNATURE

FOR AAHE USE ONLY: Ref: _____ V/M/PO/T1/T2 Amt: _____

Note: See registration instructions on opposite page. Registration fees may be transferred to another person (with written consent from the original registrant). Membership dues are not transferrable. Fees may be refunded (less a processing charge of \$50 for registration and \$5 per workshop), provided the refund request is made in writing and postmarked/faxed by May 23, 1997. All refunds will be made after the conference.